



Accreditation of Interprofessional Health Education (AIPHE):

Knowledge Exchange Workshop Report

**Ottawa
March 1, 2011**

Introduction

Members of the Accreditation of Interprofessional Health Education (AIPHE) project met with representatives from more than 20 other health professional accrediting bodies in Ottawa on March 1, 2011, for a knowledge exchange workshop. The workshop was intended to stimulate the exchange of information as well as ideas on future work and collaborations related to interprofessional education (IPE). It was hosted by the project secretariat, the Association of Faculties of Medicine of Canada (AFMC). After a brief introduction by Ruby Grymonpre, AIPHE Steering Committee Co-Chair, the accreditation organizations provided an update of their progress as it related to embedding IPE within their standards:

Pharmacy

New standards are being developed and will be sent out to stakeholders for consultation. Included under the academic program standards is a section on IPE that includes a number of criteria faculties must meet. It is hoped that the new standards will be approved by the Board in 2012 and applied starting in January 2013.

Medicine – MD Specialist Training (post-graduate)

Language around IPE has been embedded within the six accreditation categories, both in the goals and objectives as well as in resources, clinical and scholarly content, and evaluation--the colleges are at the stage of rolling out the material and evaluating it.

Occupational Therapy

Accreditation standards and indicators were revised in 2010, replacing the earlier 2005 version, which already included indicators related to IPE and collaboration. In the latest version, however, they have been integrated into nine standards at different levels and are now being examined by the team that accredits the programs. In some cases, IPE is clearly articulated as an indicator under one of the standards; in others, it is embedded and understood that it will be assessed.

Social Work

Standards have been in place for a number of years; however, a new process and new standards for accreditation are currently being developed. It is not known how or whether IPE will be integrated in these new standards, as they are still confidential at this point.

Medicine – MD Training (undergraduate)

The accreditation of Canadian medical schools is done jointly with the US, using the Liaison Committee on Medical Education (LCME) standards. At present, there are no standards that are specific to IPE or collaboration; however, some language is integrated throughout the standards. New language and suggestions for new standards are underway and will go to the standards sub-committee as a first step, but it will likely take up to two years to make any changes.

Nursing

Major revisions of accreditation standards took place in 2005 and again in 2009, so no further revisions are underway at this time. An advisory committee has been created, however, to look at the issue of updating standards and the revision process, and it will be meeting at the end of March, 2011. There are no standards related to IPE at present, but there are some existing ones concerned with partnerships. As an interim step, there is the possibility of making some changes to those standards relevant to partnerships without undertaking a major revision.

Physical Therapy

The profession recently underwent a major curriculum renewal. Its accreditation standards are largely dependent on national essential competencies for physical therapists in Canada which have recently been revised based on the CanMEDS competencies model from medicine. There will be discussion at the Council meeting at the end of March, 2011 on how the proposed AIPHE IPE principles might be integrated into the standards. Some of the terminology is embedded in the current standards, but the goal is to make some suggestions to the PEAC Standards Development Working Group, to obtain stakeholder input, and to test them to see if they are feasible.

Standards Guide Overview

Lesley Bainbridge, co-chair of the Standards Development Working Group (SDWG) gave participants an overview of the *AIPHE Interprofessional Health Accreditation Standards Guide*. The intent of the document is to provide adaptable language rather than to be prescriptive. It covers five major domains: organizational commitment, faculty/academic unit, students, academic program, and resources, with each domain divided into four sections—context, language, criteria, and examples.

Group Discussions

Small Group Updates

Workshop participants broke into small groups to discuss what their professions have done to date with regard to IPE accreditation. The health profession accrediting organizations represented by the participants were all at different stages with regards to IPE standards; for many this is a new area while others have embedded the concept in less formal ways. They expressed their intent to actively advance this effort—with many groups already planning to raise awareness of IPE standards in accreditation and AIPHE at upcoming inter- and intraprofessional meetings.

Participants voiced strong support for the Standards Guide as a tool to assist their efforts and expressed the desire that AIPHE continue to play a leadership role by providing guidance and serving as a network/forum for knowledge exchange. They noted the importance of the Knowledge Exchange Workshop in helping to build momentum and offered some specific suggestions about needs and next steps, which are synthesized in the discussion points of the section that follows.

World Café

In order to provide an opportunity for more intimate dialogue on the accreditation of IPE, participants were divided into small groups that moved from table to table to address three key questions:

1. *What opportunities and challenges will emerge as you begin or continue to incorporate IPE standards into your accreditation process?*
2. *What are the next steps needed to either begin to embed or strengthen IPE standards in your accreditation process?*
3. *What would be helpful to you as you move forward with respect to sharing of resources, networking, etc.?*

Based on the results of these discussions, key points have been consolidated under four main headings: *Opportunities, Challenges, Needs and Next Steps Moving Forward.*

Opportunities

Enhancing system function

- Organizations that do not have the necessary infrastructure to support IPE accreditation could build on the work of those that do.
- More people will embrace IPE/IPC if we demonstrate that it can free up their time rather than put more demands on it.
- Workforce optimization issues are helping to bring IPE/IPC to the table in education and practice.

Promoting evidence-based care and research

- Seeing what everybody else is doing in this area and the language they are using will stimulate thinking regarding opportunities and help identify best practices.
- This is an opportunity to conduct high quality research to make a strong case about the benefits of IPE and IPC.

Enhancing multi-sectoral collaboration

- The Association of Accrediting Agencies of Canada (AAAC) could be a useful resource and partner in furthering the work of AIPHE (e.g., creating a health chapter).
- Being involved in training and practice with other professions helps people better articulate the roles of their professions. This is an opportunity for self-reflection and for strengthening roles and identities.
- IPE accreditation standards should be developed with other health professions to encourage input and buy-in. Non-health professions that accredit could also contribute ideas.
- Linking the accreditation of hospitals to evidence of IP relationships would help strengthen this effort (i.e., make IPC part of Accreditation Canada requirements).
- Additional funding may not be necessary if education can be restructured so that, for example, interprofessional groups benefit from working on a project together.

Supporting knowledge translation and dissemination

- Knowledge translation will help service providers better understand what they need to do differently.
- Accreditation standards can in some cases act as a lever to secure resources across institutions. Mandated standards would help to minimize the disconnect between theory and practice.

Culture Change

- There is an opportunity to shift the focus from treating sick people to offering preventive care if it can be demonstrated that IPC optimizes patient outcomes and ensures cost-effective delivery of health care services.
- Students will continue to develop their skills in silos if we do not model an IP team culture, foster their appreciation of the benefits of collaboration and allow opportunities for students to participate in IP collaborative teams.
- This should be about doing things differently, not adding new tasks.

- Convincing the public that IPC is the future of health care will help influence government.

Curriculum & Accreditation Standards Enhancement

- IPE needs to be embedded in the curriculum to be successful. A combination of making it optional, extra-curricular, and fun as well as mandatory will get more students involved early in their programs.
- Beyond accreditation, offering additional certification in IPE or IPC might attract different kinds of students, promote continuing professional development, make institutions more competitive, and give schools a competitive edge.
- It is timely to focus on IPE/IPC because students at universities are pushing to be more interactive and team-oriented.
- Accreditation standards can lever resources to support new practice requirements.
- Consideration should be given to a variety of collaborative models that are not all face-to-face, using technology to enhance education and practice.
- Assigning credits to IPE/IPC learning could serve as building blocks for accreditation evidence of IPE.

Challenges

Negative Perceptions

- Students may perceive IPE as “soft” or “fluff.”
- The practice environment is not always conducive to collaborative teamwork.
- People are suspicious suspicious about why governments are pushing IPE/IPC.

Need for champions/ambassadors

- Role models have a significant impact on emergent professional behaviour and may or may not support collaborative practice models.

Curriculum integration/professional perceptions

- There is concern that developing a strong understanding of one’s own profession will be diluted by IPE.

- Opportunities in IPE for students in professions where there are no other health programs (e.g., chiropractic, naturopath, massage therapy) are few compared to students at universities where there are different professions on site.
- Limited capacity for clinical placements is an increasingly prevalent issue without adding in the concepts of IP placements.
- Accreditation standards must be embedded cautiously and slowly to avoid additional and under-resourced workloads.
- Documentation required by accreditation may add another layer to the process.
- Educators who don't understand IPC cannot teach it effectively.
- Changes in accreditation criteria may cause schools to panic about their status.

Turf issues

- Respecting the integrity of specific professions while transcending professional boundaries is a challenge.
- Different professions have different codes of conduct/standards of practice.
- There can be a disconnect between the actual and perceived responsibilities of team members.
- Turf wars across professions can be an impediment to IPE and IPC.

Resources/funding

- Lack of resources limit the ability of some programs to move forward on IPE.
- There are logistical and systemic issues related to bringing together disciplines in a clinical setting (e.g., insufficient office space).

Resistance to change/timing

- It can be a challenge for different educational institutions to work together.
- It is hard to find time in the curriculum to integrate IPE.
- The time may not be right for all.
- It will take time to see successes.
- It is not easy to move faculty in a new direction.
- Consistency of buy-in across the professions is a challenge.

Concluding Thoughts

The Knowledge Exchange Workshop reinforced the importance of collaboration and helped to create further momentum for promoting and advancing IPE through the application of accreditation standards.

Participants acknowledged that funding is necessary to support collaboration and innovative approaches to imbedding interprofessional education in program curricula models as well as in practice. Creating an environment that supports IPE, promotes innovation and encourages collaboration will be paramount to success.

Workshop participants agreed that regulatory bodies have an important role to play in developing policies and creating continuing education and professional development opportunities that focus on IPE.

Bridging the gap between theory and practice is an enabler for success. Many at the workshop believed that one of the first steps should be to agree on common language and a common framework. The Standards Guide can serve as a tool in promoting these commonalities in IPE accreditation programs.

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Appendix: List of Participants

AIPHE Chairs	Title	Organization
Ruby Grymonpre <i>AIPHE Steering Committee Co-Chair</i>	Interprofessional Education Coordinator	University of Manitoba
Lesley Bainbridge <i>AIPHE Standards Development Working Group Co-Chair</i>	Associate Principal, College of Health Disciplines & Director, Interprofessional Education, Faculty of Medicine	University of British Columbia; Physiotherapy Education Accreditation Canada (PEAC)
Lise Talbot <i>AIPHE Standards Development Working Group Co-Chair</i>	Professeure titulaire	FMSS École des sciences infirmières, Faculté de médecine et des sciences de la santé, Université de Sherbrooke

Workshop Participants	Title	Organization
Deborah Adams	Registrar/CEO	Canadian Midwifery Regulators Consortium
Lois Berry	Associate Dean	Canadian Association of Schools of Nursing and Ad Hoc Committee (CASN)
Glenn Brown	Member of the Accreditation Committee	The College of Family Physicians College
Karen Cohen	Executive Director	Canadian Psychological Association (CPA)
Elaine Dever	Director of Education	Canadian Association of Medical Radiation Technologist
Jodi Dodds	Executive Director	National Association of Canadian Optician Regulators
Lenore Edmunds	Dean, Undergraduate Education	Canadian Memorial Chiropractic College
Sandra Everitt	ACC Chair	Canadian Association of Occupational Therapists (CAOT)
Sharon Fotheringham	Director of Speech, Language, Pathology Standards	Council for Accreditation of Canadian University Programs in Audiology and Speech-Language Pathology (CACUP-ASLP)

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Workshop Participants	Title	Organization
Tina Gabriele	Accreditation Council Coordinator	The Canadian Council of University Physical Education & Kinesiology Administrators (CCUPEKA)
Carolyn McCoy	Chair	Council on Accreditation for Respiratory Education
Christiane Menard	Executive Director	Council on Accreditation for Respiratory Therapy Education (CoARTE)
Shawn O'Reilly	Director of Government Relations	Canadian Association of Naturopathic Doctors
Lorraine Ramsay	Senior Manager, Conjoint Accreditation Services	Canadian Medical Association
Robert Sabalis	Assistant Secretary, LCME and Director, LCME Surveys and Team Training	Liaison Committee on Medical Education (LCME), Association of American Medical Colleges
Tania Toffner	Director, Certification & PLA	Canadian Society for Medical Laboratory Science (CSMLS)
Peter Waite	Executive Director	Canadian Federation of Chiropractic Regulatory & Educational Accrediting Boards (CFCREAB)
Khatija Westbrook	Committee Chair	Canadian Athletic Therapists Association
Marlene Wyatt	Director of Professional Affairs	Dieticians of Canada

AIPHE Members & Guests	Title	Organization
Cynthia Baker	Executive Director	Canadian Association of Schools of Nursing (CASN)
Oscar Casiro	Regional Associate Dean, Vancouver Island, UBC Head, Division of Medical Sciences	University of Victoria, Committee on Accreditation of Canadian Medical Schools (CACMS)
Grant Charles	Associate Professor	University of British Columbia; Canadian Association of Social Work Education (CASWE)
Christiane Des Lauriers	Director of Standards	Canadian Association of Occupational Therapists (CAOT)

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Luciano Di Loreto	President	National Health Sciences Students' Association (NaHSSA)
Wayne Hindmarsh	Executive Director	Canadian Council for Accreditation of Pharmacy Programs (CCAPP)
Margaret Kennedy	Assistant Director, Accreditation & Liaison	Royal College of Physicians & Surgeons of Canada (RCPSC)
Kathrina Loeffler	Director, Learning and Development	Accreditation Canada
Geneviève Moineau	Incoming AFMC Vice President of Education and Secretary to CACMS and CACME	Association of Faculties of Medicine of Canada (AFMC); Committee on Accreditation of Canadian Medical Schools (CACMS); Committee on Accreditation of Continuing Medical Education (CACME)
Isabelle Gervais	Manager	Office of Nursing Policy, Health Canada
Carole Orchard	Coordinator, Interprofessional Health Education & Research	University of Western Ontario
Kris Sivertz	Advisor Special Projects, Education	UBC Faculty of Medicine; The Royal College of Physicians and Surgeons of Canada (RCPSC)

Project Secretariat & Consultants	Title	Organization
Leslie Jones	Report Editor	Leslie Jones Communications
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Michael Obrecht	President	Intelligent Flows
Amorell Saunders N'Daw	Strategic Communications Specialist	ABS Communications Inc.
Melissa Shahin	Project Associate	Association of Faculties of Medicine of Canada
Prem Sharma	Project Assistant	Association of Faculties of Medicine of Canada
Barbie Shore	Project Manager	Association of Faculties of Medicine of Canada